Student Perception of Feedback from Simulated Patients during Communication Training Sessions

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Although simulated patients (SPs) have become indispensable for the development of medical students’ communication skills, few studies have analyzed the effects of SPs on medical students. In particular, no studies have examined the effect of the feedback that medical students receive from SPs during communication training sessions.

1) We invited students to complete a questionnaire and participate in a group interview; the responses and opinions obtained were then analyzed both quantitatively and qualitatively by two independent analysts.

2) Sixty-four percent of students were satisfied with SPs’ feedback, whereas 28% of students preferred to receive negative feedback as a way to improve their skills.

3) Some students criticized SPs’ feedback and SPs themselves.

4) The SPs’ feedback should focus more on the negative aspects of students’ performances, and faculty members should provide a safe and secure educational environment for both students and SPs.

**Key words:** simulated patients, feedback, communication, student perception

**INTRODUCTION**

Communication skills have become increasingly important, especially when physicians deal with complicated medical conditions. Effective communication is widely acknowledged to be a core competency for all physicians1). In Japan, students enter medical school directly after graduating from high school. When they become freshmen, many of them are younger than 20 years. These students are said to be poor communicators because they have not had enough social experiences that require communication skills. Many medical students are said to not use polite words or to make eye contact during conversations with others. Although most medical schools need to teach communication skills to their students, an increased awareness of patients’ rights may prevent medical students from having sufficient verbal skill training with actual patients2). Because of this and other factors, simulated patients (SPs) have become indispensable in developing medical students’ communication skills. An SP, as defined by Barrows, is “a normal person who has been carefully coached to present the symptoms and signs of an actual patient”3). Today, most medical educators are aware of the usefulness of SPs in communication training. However, few studies have analyzed the effect of SPs on medical students. In particular, no study has examined the effect of feedback that medical students receive during communication training sessions with SPs. We performed the present study to better understand the students’ perceptions of feedback they received from SPs.

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during communication training sessions.

METHODS

1) Setting and subjects

The setting for this study was a mandatory general medicine clerkship of Sapporo Medical University that took place in 2001. Fifth-year students (total, 102) participated in a half-day medical interview training session during the clerkship. The participants in each session were 3 medical students, 1 general medicine faculty member, and 3 SPs. At the beginning of the session the faculty member gave students a 30-minute lecture on medical interviewing skills; each medical student then conducted a 15-minute medical interview with an SP. The interviews were followed by a feedback session during which students who had completed the medical interview commented about what they believed they had done well or not so well. Next, two other students who had observed the medical interview commented on it. Then, the SP who had been interviewed gave feedback to the student about the interview. The SP commented on his or her feelings as a patient and tried not to comment on the attitude or interviewing skills of the student. In regard to the student’s attitudes and interviewing skills, two other SPs who observed the interview also gave the student feedback. The SPs usually gave positive feedback, continued with negative feedback, and then finally gave more positive feedback. This method of feedback is known as a “sandwich technique”. Finally, the faculty member gave the student feedback and led a question and answer session with all participants. Individual student’s sessions lasted 45 minutes, and three sessions were held during the half-day medical interview training. The communication training sessions lasted a total of 2 1/2 hours.

2) Data collection

Immediately after each session, we distributed questionnaires to students. We enrolled 56 students who had participated in training during the second term of the clerkship in 2001. The questionnaire included 3 questions: (1) “What did you think of the direct feedback from the SP you interviewed?” (2) “What did you think of the feedback from the SPs who observed your interview?” and (3) “What did you think of the feedback that other students were given by SPs?”

At the end of all sessions in February 2002, a 60-minute group interview was conducted by a primary researcher. We selected five convenient students whom we expected to reveal much concern for their thoughts about feedback from SPs. We selected these students on the basis of their attitudes of discussion during communication sessions. However, they were not particularly interested in medical communication and were not related to a primary researcher. Verbal informed consent was obtained from all 5 students.

The discussion was recorded on both videotape and audiotape. The audiotape recordings were transcribed verbatim by an independent transcriptionist. The participants’ anonymity was assured because the tapes were only accessible to the primary researcher and the transcriptionist. A standard interview guide was used to facilitate discussion and elicit students’ thoughts about the feedback from the SPs. During the discussion the researcher took notes.

3) Data analysis

The data were analyzed by both an author and a co-investigator. We used the common coding technique of qualitative analysis. The questionnaires were read and analyzed independently. Meaningful phrases were extracted from students’ responses to individual questions and subjected to content analysis. After all questionnaires had been analyzed and each analyst had extracted relevant themes, the results were integrated into a single paper. When the analysts agreed on a meaningful phrase from a questionnaire, it was considered important and adopted as a meaning-
ful theme for final paper. The frequency of similar meaningful themes from all the questionnaires was counted. The transcription of the group interview was read independently by each analyst, and key ideas were abstracted. Meaningful phrases in the transcription were extracted and subjected to content analysis. Each analyst identified important ideas, which were organized into subgroups of similar themes. We used the results of this analysis to confirm and complement the results of questionnaire analysis.

**RESULTS**

Analysis of the questionnaires and the group interview identified five major themes (Table 1).

1) **Positive awareness of indicated aspects**

Sixty-four percent of the students had favorable views of the feedback they received from SPs. Many students were surprised to learn that the SPs’ perceptions were different from their own. The SPs’ feedback helped them understand that there was a clear difference between their intention and the SPs’ perception of what they had intended (i.e., a communication gap). They appreciated the SPs’ feedback. Some examples of SPs’ feedback are follows:

“I noticed that patients might perceive our attitudes as less empathic despite our efforts to be empathetic with the patients.”

“Although I tried to conduct the interview taking the patient’s feelings into consideration, I was surprised when I learned that the patient’s thoughts were totally different from mine.”

Some students valued candid feedback from SPs and thought it was very important for them to receive some kind of negative feedback because they were rarely formally criticized.

“It was very useful that they (SPs) carefully pointed out the areas where we needed to improve.”

2) **Increased confidence by receiving feedback**

Twenty-eight percent of students expressed increased confidence after receiving feedback. They seemed to develop confidence both from positive feedback and negative feedback. They were encouraged because SPs appreciated their efforts during the interview and did not only criticize their performances.

“When the SPs identified what we needed to improve and told us about it, we were able to develop appropriate skills and attitudes and thereby develop confidence for our next medical interview.”

“I think there are several good ways of doing a medical interview. They (SPs) never just criticized the way we did our medical interview; they acknowledged our inexperience and always encouraged us.”

3) **Request for negative feedback**

Students wanted negative feedback as much as positive feedback. Twenty-eight percent of students requested negative feedback. Some students thought that the SPs had been too reserved when they could have been more candid.

“SPs should not make allowances for our poor skills because we can learn a lot from their feedback and we can improve our skills.”

“Although I was happy to hear that the SPs could talk with ease, I wanted additional feedback about the things I needed to know to improve.”

“I wondered if they had noticed my mistakes. I thought to myself that they were so reserved, that they were reluctant to tell me anything.”

<table>
<thead>
<tr>
<th>Major themes</th>
<th>Frequency (%)</th>
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<tbody>
<tr>
<td>Positive awareness of pointed aspects</td>
<td>36(6+4)</td>
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<tr>
<td>Increased confidence from feedback</td>
<td>16(28)</td>
</tr>
<tr>
<td>Request for negative feedback</td>
<td>16(28)</td>
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<tr>
<td>Negative awareness of feedback</td>
<td>47</td>
</tr>
<tr>
<td>Questions about the attitude of SPs</td>
<td>3(5)</td>
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4) **Awareness of useless feedback**

Some students criticized “useless” feedback they received from the SPs. They did not want simple admiration; they preferred critical feedback that would help them improve.

“They (SPs) flattered me, but it (the feedback) did not allow me to improve or change my communication skills. I did not want that kind of an assessment.”

5) **Questions about the attitude of SPs**

Some students strongly disagreed with the way SPs gave feedback and were dissatisfied with it. They did not like the SPs to behave like a teacher instead of a patient.

“They (SPs) seemed to give general feedback. (We wanted feedback specific to our interview.)”

“I wondered if they really felt that way. I wondered if they had been trained to give feedback that followed a set format.”

“They (SPs) seemed to be obsessed with teaching. (We did not want comments from a teacher.) They should have expressed their feelings as SPs.”

One student strongly criticized SPs and disregarded their feedback.

“I think that they became SPs because they had negative feeling about physicians (and wanted to punish them). I wondered if they were biased against physicians (consequently, I could not totally accept their feedback).”

**DISCUSSION**

Feedback is defined as an informed, nonevaluative, and objective appraisal of performance that is aimed at improving clinical skills rather than bolstering the student’s personal worth. Feedback is said to be at the heart of medical education, and most students believe that receiving constructive feedback is an indispensable part of their training. However, many students do not think they are given enough feedback and many clinical educators do not know how to deliver appropriate feedback to students.

Regarding feedback from SPs, we do not have enough data about the effect of their feedback on medical students. However, we believe that receiving feedback from SPs is extremely important for medical education because SPs give opinions from the viewpoint of patients, not from that of health care providers. The participation in medical education of persons who are not health care providers is extremely useful for establishing a good relationship between health care providers and patients. To maximize the benefits of medical interview training with SPs, we need to understand how students perceive the feedback from SPs.

A survey performed at a large academic medical center has shown that only 8% of residents were very satisfied with the feedback process. In contrast, in our study 64% of students reported being satisfied with the feedback they received from SPs. We believe that taking enough time to discuss the feedback process with SPs and faculty members who participated in our study was an important reason for students’ satisfaction with the experience. We understood from the students’ narrative comments that they were satisfied with the new insights they gained about their behavior that they had never noticed before. Receiving feedback about the areas that needed improvement was an educational and motivating event for them. Encouraging students to be aware of their weaknesses by providing feedback from SPs is clearly an extremely important factor. Medical educators and SPs should be aware of these benefits and provide students with effective feedback. Our study also revealed that at least one third of the students developed confidence in their communication skills by receiving positive feedback from SPs. Positive comments are important for maintaining a student’s confidence. Because students often do not recognize their own strengths, they cannot reinforce them. By giving
students positive feedback about Their good behavior and making them confident in their ability to effectively communicate is extremely valuable.

Educators in the U.S. are usually considered good at praising students. Generally speaking, in Japanese medical education, students have not received positive feedback from faculty members, probably because Japanese educators have not understood the effectiveness of positive feedback and have not been trained in giving it. This lack of positive feedback might be due to cultural differences. There are similar issues in raising children in Japanese families. However, the situation is changing, and faculty members who have studied medical education are more likely to use positive feedback.

However, we should also recognize the importance of negative feedback. At least one third of the students in our study were dissatisfied with the SPs’ feedback and wanted more negative feedback. Overemphasis on the positive aspects may undermine feedback itself. One study has found that although many students reported they had received some feedback, only 28% of them said feedback helped them improve. Others studies have supported the finding that there is not enough effective feedback in medical education. Perhaps students prefer receiving negative feedback to improve their clinical skills rather than receiving positive feedback that simply maintains the status quo. Accordingly, the “sandwich technique” should be used to give feedback. However, on the basis of our study results, we believe that if negative feedback is not clearly delivered, students are frustrated and we faculty members cannot provide them with an appropriate educational experience. SPs should not hesitate to give students negative feedback; however, they must deliver the negative feedback in a constructive manner.

The psychological effects on students of performing medical interviews should also be considered. Students are usually extremely sensitive during communication sessions because they have little experience performing medical interviews. In addition, performing medical interview role-play while being observed is extremely difficult. Therefore, students have finished role-playing, they tend to be relieved upon receiving positive feedback. However, shortly thereafter, they might want to receive feedback that is more critical. These psychological issues might distort the results of our study.

Some students criticized the SPs’ feedback as being “simple admiration.” Feedback should be focused on specific behaviors of learners, and feedback focusing on personality is not recommended. Students who receive this kind of feedback view it as unhelpful when it is not related to specific behaviors. Although SPs are usually trained by faculty members or other supervisors, they sometimes fail to give effective feedback. They should understand and practice the principles of effective feedback to enhance students’ educational experiences. Developing SPs’ feedback skills is an important task for faculty trainers.

Several students commented about how the SPs provided feedback. Although we were not sure about the basis of the students’ comments, we speculate that they might be referring to the “sandwich technique.” In our study, SPs always used this technique, and students sometimes felt the comments were too general. The students’ comments indicate that they want feedback from the SPs’ perspective. Since the typical feedback pattern sometimes did not address this need, the students did not appreciate the feedback.

We were surprised to learn that some students were critical of the SPs themselves. In Japan, some persons who are interested in recent medical issues volunteer to be SPs and usually belong to their own self-made volunteer organizations.
Medical school faculties contact these organizations and ask them to help conduct communication sessions. Some medical faculties create and train their own SPs for undergraduate medical communication training. When SPs were recruited a long time ago, some SPs were said to be biased against medical student education. It is important that SPs who are not biased against the medical profession are recruited and that they protect students’ well-being while maximizing their clinical experiences\(^\text{15}\). We should determine why SPs want to be involved in medical education and eliminate those who have any bias. However, in our study we did not identify any biased SPs because we evaluated their motivation for becoming SPs before we recruited them. We are concerned that some students criticized SPs despite our careful selection process. Faculty members should examine and understand students’ biased opinions about SPs, and students should understand that SPs are valued members of the educational team. Well-trained SPs are essential for maintaining a safe educational environment for both students and SPs.

Feedback gaps often occur between faculty members and students owing to miscommunication and poor management of the feedback process. Better understanding and greater appreciation of student perception of SPs’ feedback will improve the educational effects of their feedback.

LIMITATIONS OF THIS STUDY

Because our study was performed at a single university using one team of SPs, our results might not be generalizable. We should perform additional communication training studies to test the validity of our results. Since we only conducted 1 group interview with 5 students, we have not thoroughly tested the concept of student perception. We should do more group interviews with many more student participants to achieve this goal.

CONCLUSION

Many students were satisfied with the SPs’ feedback because they noticed their strengths were reinforced and their weaknesses were pointed out and thus improved. However, one third of students wanted negative feedback to further improve their skills. Some students criticized SPs’ feedback and the SPs themselves. Faculty members and SPs should improve the feedback process to make educational experiences more effective, and faculty members should facilitate students’ understanding of the role of SPs.

REFERENCES

1) ACGME. Outcome project. Enhancing residency education through outcomes assessment. URL: http://www.acgme.org/Outcome/ (accessed 10 February 2006).